

Medical Care Advisory Committee

Minutes of May 19, 2016

Participants

Committee Members Present

Russ Elbel (Chair), Andrew Riggle (Vice-Chair), RyLee Curtis, Debra Mair, Mark Brasher, Kevin Burt, Sara Carbajal-Salisbury, Jenifer Lloyd, Steven Mickelson, Mark Ward, Jonathan George, Pete Ziegler, Via Phone: Adam Cohen, Emma Chacon, Nate Checketts,

Committee Members Excused

Tina Persels, Danny Harris

Committee Members Absent

Jason Horgesheimer, Michelle McOmber, Jackie Rendo, Donna Singer

Guests

Nancy Ortiz, UDOH-SIM Grant, W. E. Cosgrove, MD, Representing AARP, Samantha Easthope, Constituent, Todd Wood, Select Health, Tracy Altman, UUHP, Joyce Dolcourt, LCPD, Jermey Christensen, DSAMH, Dan Davidson, Citizen, Kris Fawson, USILC

Welcome

Russ Elbel called the meeting to order at 1:04 p.m. Russ introduced the newest MCAC member, Jennifer Lloyd. Jennifer is the Deputy Director of Association of Utah Community Health and will be representing Community Health Center providers.

Approval of Minutes

Mark Ward moved to approve the March 27, 2016 minutes. Steve Mickelson seconded the motion. All approved. None opposed.

New Rulemakings

CRAIG DEVASHRAYEE

DMHF Rules posted also online at: <http://health.utah.gov/mcac>

R414-505 Participation in the Nursing Facility Non-State Government-Owned Upper Payment Limit Program (Emergency Rule). This ruling was filed April 25, 106 and will become effective April 15, 2016

R414-513 Intergovernmental Transfers (Emergency Rule. This ruling was filed April 25, 106 and will become effective April 15, 2016

R414-1-5 Incorporations by Reference; Subsection 26-18-3(2)(a). This ruling was filed April 25, 106 and will become effective April 15, 2016.

R382-10-6 Citizenship and Alienage. This ruling was filed May 2, 2016 and will become effective July 1, 2016.

R414-302-3 Citizenship and Alienage. This ruling was filed May 2, 2016 and will become effective July 1, 2016.

R414-303 Coverage Groups. This ruling was filed May 2, 2016 and will become effective July 1, 2016.

R414-304 Income and Budgeting. This ruling was filed May 2, 2016 and will become effective July 1, 2016.

R414-305 Resources. This ruling was filed May 2, 2016 and will become effective July 1, 2016.

R414-4013 Assessment. This ruling was filed May, 2016 and will become effective July 1, 2016.

No questions from the committee were asked.

Eligibility Update

JEFF NELSON

Jeff presented a handout on the growth of Medicaid. First point given on the chart was the enrollment showing people with disabilities over age 65 increased 3.6% and 1.5 % compared over a year ago. Children and adult enrollment has grown to 2.6% and 9%, pregnant women declined 8% between March 2015 and 2016. According to the Utah data unemployment rate is 3.6% being 6th best in the nation compared with the nation at 4.9%. Question is why Medicaid continues to increase month over month. Utah may be the job leaders in job growth but lacks in wage growth when compared to the nation. The most recent Bureau of Labor statistics shows Utah average weekly wage ranked thirty-fifth in the nation.

PCN numbers were reported on. Parents with children on PCN were 8,574 and parents without dependents was 8,397. Historically, over time there was a 2 to 1 ration, enrolling more parents than those without dependent children. A member of the committee asked where the requirement came from or what authority supported this position. Emma clarified that it is part of the waiver.

PRISM – Provider Enrollment Update

MELANIE WALLANTINE

To prepare for the new PRISM enrollment on July 1, 2016 there will be a freeze on new enrollment starting June 1, 2016.

If providers apply for new enrollment in June, applications will be mailed back with a message stating that Medicaid is not accepting enrollment and asking them to apply in PRISM beginning July 1, 2016.

Since providers will not be able to apply in the month of June, applications may be made retroactive at the request of the provider. Messages were communicated to providers in early May with a publication in an interim Medicaid Information Bulletin, information on the Medicaid customer service line, website notification and by email.

Mental Health and Parity Final Rule

EMMA CHACON

A summary of the primary purpose of the Rule was given. The regulation doesn't require Medicaid or CHIP to provide certain mental health or substance abuse benefits. However, if you do provide these benefits you will have to go through a process to assure that you are not putting any greater restrictions or requirements on these benefits, than you do for medical and surgical benefits. The final rule for Medicaid and CHIP will include review of four basic benefit categories: in-patient; out-patient; emergency care; and prescription drugs. In contrast to the regulations issued to the commercial marketplace, there are no increased cost exemptions for Medicaid, CHIP, or alternative benefit plans.

The Division made several changes to CHIP benefits a couple of years ago to come into compliance with mental health parity. This presented challenges since there is an exemption in the regulation for small

employer plans. The benchmark for CHIP is a small employer plan. Additional changes need to be made regarding the current residential treatment benefit available in CHIP.

A question regarding the analysis that is due Sept 2017, is there a waiting period after submitting? The assumption is that the Division will submit our analysis and provide CMS assurance that DOH is in compliance. Looking at things like co-pays, prior authorizations for health services; etc., it was felt there will be no significant parity issues.

A question was asked on if a person may be eligible for Medicaid when they have been released from incarceration and are now residing in a half-way house. CMS clarified and those that work and are allowed to come and go from the facility while in these situations may be eligible for Medicaid. This is now in effect.

A question asked if there will be any public input or public comment on the parity review? There is no provision in the regulation for public input or comment on the analysis, but the Division will take that under consideration.

Because mental health is also included in the access to care adequacy review, will these two processes be worked together? Emma confirmed that there will likely be coordination with these processes.

Medicaid Expansion

NATE CHECKETTS

An overview on the handout of the proposal on the Medicaid Adult Expansion was given. During the 2016 General Session House Bill 437. This Bill directed the Department of Health (DOH) to expand coverage for adults and to develop criteria for three new eligibility groups of adults without dependent children. DOH must submit a plan to the Centers for Medicare and Medicaid Services (CMS) to modify the current Utah Medicaid program accordingly. Utah is seeking to increase Medicaid coverage levels for parents up to 60 percent of the federal poverty level (FPL) and to create three new eligibility groups for adults without dependent children. The adults without dependent children can have incomes up to 5 percent FPL. It is estimated that 9,000 – 11,000 adults will be covered through these changes.

The following list (by priority) are the new eligibility groups targeted by this health coverage improvement plan. The definition and criteria of each population were given.

- Chronically homeless
- Involved in the justice system AND are in need of substance use or mental health treatment
- Needing substance abuse or mental health treatment

The additional amendments Utah is requesting to its existing 1115 waivers:

- Three-year extension of the existing Primary Care Network (PCN) Demonstration Waiver.
- Waiver of the Medicaid Institutions for Mental Diseases (IMD) exclusion under Section 1905(a) (29) (B) of the Social Security Act to allow for medically necessary Residential treatment Services for Individuals with substance use disorders.
- Implementation of Mental Health Parity and termination of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Waiver for the Non-Traditional Medicaid recipients.
- Removal of the High-Risk Pregnant Woman Demonstration group.

The Department has sent out a draft of the waiver and is accepting public comments along with three scheduled public hearings to discuss the waiver. Public comments will be accepted until June 8th. All comments will be reviewed and changes will be considered. The Department will submit the waiver to CMS on July 1, 2016 and from there CMS will have a 30-day comment period and will negotiate the terms and conditions with the Department.

Medicaid Expansion – Public Testimony

MEMBERS OF THE PUBLIC

An opportunity was afforded to members of the public to provide their comments and concerns related to the Medicaid Expansion proposal.

Adjournment

With no additional public comment received, the meeting concluded at 3:05 p.m.